




CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER *		DEPARTMENT	
Cynthia Tuck			On File		Cal/EPA	
Undersecretary		CB/ID NUMBER	DIVISION OR BUREAU			INDEX NUMBER
			Office of the Secretary			
1001 I Street			1001 I Street			TELEPHONE NUMBER
						916.324.3708
STATE		ZIP CODE	CITY		STATE	ZIP CODE
Sacramento		CA	95814	Sacramento		CA 95814

(1) MONTH/YR		(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION						(8)	(9)
(2) DATE TIME		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK-FAST	LUNCH	N/C, RELO OR DINNER	INCIDENTALS	(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
Jan-10															
9/1	10:30	Sacramento - Monterrey, Mexico	\$179.45		\$23.00			\$368.47	A		16	\$8.80		\$579.72	
9/2	cont'd		\$179.45	\$14.00	\$23.00		\$18.00							\$234.45	
9/3	cont'd		\$179.45	\$14.00			\$18.00							\$211.45	
9/4	12:00a	Monterrey, MX - Sacramento, CA			\$23.00	\$37.00	\$18.00	\$368.47	A	\$52.00	16	\$8.80		\$507.27	
		AIRFARE (Not included in subtotals or claim total)													
		CAR RENTAL (Not included in subtotals or in claim total)													
(10)	SUBTOTALS			538.35	28.00	69.00	37.00	54.00	736.94		52.00		17.60	1532.89	
COLUMN CODE (ACCTG USE ONLY)															
													CLAIM TOTAL	1532.89	

(11)	PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	(12)	NORMAL WORK HOURS
	Represented CA at Environmental Meetings at Border Governors conference. Used closer airport parking due to midnight return time and safety.		8:00-5:00
		(13)	PRIVATE VEHICLE LICENSE NUMBER
		(14)	MILEAGE RATE CLAIMED

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
(17.) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE 		(See Item 17 on reverse)	
		DATE	

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 06/93) (CIWMB AUTOMATED 08/93)

See Instructions and *Privacy
Statement on Reverse Side

Page 1 of 1 Pages

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Undersecretary		CB/ID NUMBER	DIVISION OR BUREAU Office of the Secretary			INDEX NUMBER	
1001 I Street		1001 I Street			TELEPHONE NUMBER 916.324.3708		
SACRAMENTO		STATE CA	ZIP CODE 95814	CITY SACRAMENTO		STATE CA	ZIP CODE 95814

(1) MONTH/YR	(2)	(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION				(8)	(9)
		LOCATION WHERE EXPENSES WERE INCURRED	LOGGING	BREAK- FAST	LUNCH	N/C, RELO OR DINNER	INCIDENTALS	(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
Sep-09													
9/15	4:30	Sacramento - San Diego, CA		\$6.00		\$18.00					16 \$8.80		\$32.80
9/15	23:00	San Diego - Sacramento, CA								\$9.00	16 \$8.80		\$17.80
9/16	17:00	Sacramento/San Francisco	\$188.01			\$18.00			T	\$52.00		\$12.50	\$270.51
9/17	21:30	San Francisco/Sacramento		\$6.00	\$10.00	\$18.00	\$6.00						\$40.00
9/18	8:15	Sacramento/San Francisco								\$4.00			\$4.00
9/18	16:30	San Francisco/Sacramento								\$4.00			\$4.00
(10)		SUBTOTALS	188.01	12.00	10.00	54.00	6.00			69.00	17.60	12.50	\$369.11
		COLUMN CODE (ACCTG USE ONLY)											
		CLAIM TOTAL											\$369.11

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	(12) NORMAL WORK HOURS
9/15 Represented State at Institution of Oceanography Ground Breaking Event.	8:00-5:00
9/17 Ocean Protection Council Mtg & Task Force Mtg. (Bus. Exp. - 2 faxes rec'd) lost one toll receipt for traveling into SF - 9/18 staffed Governor at Solazyme Tour (drove State car).	(13) PRIVATE VEHICLE LICENSE NUMBER
	(14) MILEAGE RATE CLAIMED
	0.55 cents
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CLAIMANT'S SIGNATURE DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE
(17.) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE

CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER *		DEPARTMENT	
Cynthia Tuck			On File		Cal/EPA	
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						916.324.3708
STATE		ZIP CODE	CITY		STATE	ZIP CODE
Sacramento		CA	95814		Sacramento	CA
						95814

[illegible]

(10)	SUBTOTALS	1,653.35
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

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CLAIM TOTAL	1.653.35
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(11)	PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	(12)	NORMAL WORK HOURS
	Represent CA at Environmental Council of States Annual Meeting. Business expenses are \$575 Registration fee; \$15 x 2 for checking bag each way.		8:00-5:00
		(13)	PRIVATE VEHICLE LICENSE NUMBER
		(14)	MILEAGE RATE CLAIMED

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AGENCY ACTION/INITIATIVE

CLAIMANT'S SIGNATURE 	DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
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(17.) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE
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